

Claim Handling

Accident MT/1118967

|                     |                                                               |                     |                                                               |                      |
|---------------------|---------------------------------------------------------------|---------------------|---------------------------------------------------------------|----------------------|
| Policy No.          | 5111701097-01                                                 | Vehicle No.         | SME4111G                                                      | GST Registration No. |
| Certificate No.     |                                                               |                     |                                                               |                      |
| Policyholder Name   | IVAN SU JING QUAN                                             |                     |                                                               | Policyholder NRIC    |
| Product Code        | PRIVATE CAR INSURANCE                                         | Cover Type          | drivo CLASSIC                                                 | Loading              |
| Contact No.(Mobile) | 89092613                                                      | Contact No.(Office) |                                                               | Contact No.(Home)    |
| Email Address       |                                                               | Special Remark      |                                                               | eCode                |
| KFK                 | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA                 | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason         |
| NCD Protection      | Yes                                                           | NCD Entitlement(%)  | 50                                                            | Private Hire         |

▼ Accident Details

|                   |                                       |                               |       |                     |
|-------------------|---------------------------------------|-------------------------------|-------|---------------------|
| Report Date       | 27/01/2021 16:16                      | Accident Report Within 24 hrs | Yes   | Accident Type       |
| Date of Accident  | 26/01/2021                            | Time of Accident hh:mm        | 17:20 | Country of Accident |
| Reporting Centre  |                                       | Orange Force                  |       | ICM No.             |
| Accident Location | Woodlands Rd, Singapore LAMP POST 153 |                               |       |                     |

▼ Total Excess Applicable

|                            |              |                            |        |                    |
|----------------------------|--------------|----------------------------|--------|--------------------|
| Excess Type                | Per Accident | Windscreen Excess          | 100.00 |                    |
| OD Standard Excess         | 600.00       | TP Standard Excess         | 0.00   |                    |
| YIED OD Excess             | 0.00         | YIED TP Excess             | 0.00   | Driver is Covered? |
| Additional Excess          | 0            |                            |        |                    |
| Total OD Excess Applicable | 600.00       | Total TP Excess Applicable | 0.00   |                    |

▼ Benefits

▼ GST Registered Information

|                      |    |                       |     |
|----------------------|----|-----------------------|-----|
| GST Registered       | No | GST Registration Date |     |
| GST Registration No. |    | GST Status Verified   | Yes |
| Modification History |    |                       |     |

▼ Policyholder Mailing Address

|           |                  |                       |                       |           |
|-----------|------------------|-----------------------|-----------------------|-----------|
| Address 1 | BLK 293D #10-540 | Address 2             | BUKIT BATOK STREET 21 | Address 3 |
| Address 4 | SINGAPORE 654293 | Address Type          | Singapore address     | Post Code |
| Unit No.  |                  | Related Policy Number | 5111701097-01         |           |

▼ OI Driver Info

|                                         |                                                               |                     |                       |                     |
|-----------------------------------------|---------------------------------------------------------------|---------------------|-----------------------|---------------------|
| Driver Name                             | IVAN SU JING QUAN                                             | Driver Type         | Main Driver           |                     |
| Unnamed driver Name                     |                                                               | Driver NRIC         | S8615344J             | Driver DOB          |
| Register Date of Driver License         | 04/11/2008                                                    | Driver Age          | 34                    | Driving Experience  |
| Contact No.(Mobile)                     | 89092613                                                      | Contact No.(Office) |                       | Contact No.(Home)   |
| Address 1                               | BLK 293D #10-540                                              | Address 2           | BUKIT BATOK STREET 21 | Address 3           |
| Address 4                               | SINGAPORE 654293                                              | Address Type        | Singapore address     | Post Code           |
| Unit No.                                |                                                               |                     |                       |                     |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No.  |                       | Driver Insurer Comp |

Declaration

|                                     |      |             |                                                               |
|-------------------------------------|------|-------------|---------------------------------------------------------------|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
|-------------------------------------|------|-------------|---------------------------------------------------------------|

Modification History

Claim 001 New

|                     |                                    |                    |         |
|---------------------|------------------------------------|--------------------|---------|
| Claim Type *        | OD-MX                              | Insured Name       | IVAN SU |
| Contact No.(Mobile) | 85227726                           | Contact No. (Home) | NIL     |
| Email Address       | IVAN.SU86@YAHOO.COM.SG             | OI Vehicle Number  | SME4111 |
| Claim Description   | SME4111G / SLG3794T ON 26 Jan 2021 |                    |         |

|                          |                         |                                  |            |
|--------------------------|-------------------------|----------------------------------|------------|
| Preferred Workshop       | Insured Liability       | Not at Fault                     |            |
| Contact No. Finalisation | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report |
| Date Registered          | 27/01/2021 16:19        | Claim Close Date                 |            |

☒ Print AK letter

Save

Submit

Attachment

▼

Accident No.

MT/1118967

Claim No.

001

Last Doc. Received

☒ Yes

☐ No

Upload Date

27/01/2021 16:21

Path \*

Choose File

No file chosen

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Message Read

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Category \*

Confidential

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NO

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Attachment List

| Attachment | Uploaded By/Date                                                                 | Category              |   | Urgency | Descr            |
|------------|----------------------------------------------------------------------------------|-----------------------|---|---------|------------------|
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>27 Jan 2021 16:21 | SAS                   |   | Normal  | SAS 20           |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>27 Jan 2021 16:21 | NRIC/ Driving License | Y | Normal  | NRIC/ Driving Li |
|            | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>27 Jan 2021 16:21 | Photos                |   | Normal  | Photos 2         |
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1/27/2021

Claim Handling(accident reporting Claim Task )

|                                                                                   |                                                                                  |        |        |          |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------|--------|----------|
|   | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>27 Jan 2021 16:19 | Photos | Normal | Photos 2 |
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|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>27 Jan 2021 16:19 | Photos | Normal | Photos 2 |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>27 Jan 2021 16:19 | Photos | Normal | Photos 2 |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o<br>27 Jan 2021 16:19 | Photos | Normal | Photos 2 |

 Video List

| Uploaded By/Date | Folder Date | File Name                        |  |
|------------------|-------------|----------------------------------|-------------------------------------------------------------------------------------|
|                  |             | <div>Display in New Window</div> | <div>Scan and uploading</div>                                                       |